

Candidate and Political Committees'  
REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
JAN 28 2010

Secretary of State  
Capitol Office  
DATE STAMP

Candidate's Name Walter Michel

Full Address 3670 Lakeland Lane, Jackson, MS 39216

Telephone 601.352.0757 (Fax) 601.353.2858

E-mail Walter@WalterMichel.com

Office Sought Senate District 25 Political Party Republican

☒ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and  
Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign  
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting  
obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	\$ 57,438.71	\$ 57,438.71	\$ 57,438.71
Total amount of disbursements	\$ 8,889.80	\$ 8,889.80	\$ 8,889.80
Total amount of cash on hand		\$ 228,777.32	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/28/10

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>1<sup>st</sup> Franklin Financial</u>		<u>09 / 24 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 880</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Toccoa, GA 30577</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>07 / 10 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>135 N. Church Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services, Inc.</u>		<u>12 / 03 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>6601 West Broad Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Richmond, VA 23230</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch, Inc.</u>		<u>07 / 28 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>One Busch Place</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>St. Louis, MO 63118</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca</u>		<u>11 / 25 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 15437</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Wilmington, DE 19850</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&amp;T Mississippi PAC</u>		<u>12 / 10 / 09</u>	\$ 500.00
Mailing Address <u>175 E. Capitol Street, #702</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy Corp. PAC</u>		<u>12 / 29 / 09</u>	\$ 500.00
Mailing Address <u>5430 LBJ Freeway, #1800</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Dallas, TX 75240</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BancorpSouth Bank PAC</u>		<u>09 / 24 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 1605</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Walter Michel  
 Reporting period 1/1/09 through 12/31/09

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>		<u>07 / 10 / 09</u>	\$ 500.00
Mailing Address <u>100 Bayer Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Pittsburgh, PA 15205</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carpenter Properties, Inc.</u>		<u>10 / 19 / 09</u>	\$ 250.00
Mailing Address <u>6055 Ridgewood Road, #G</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cash in a Flash Check Advance, LLC</u>		<u>09 / 28 / 09</u>	\$ 1,000.00
Mailing Address <u>320 Meadowbrook Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coca-Cola Enterprises, Inc.</u>		<u>10 / 21 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 723040</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Atlanta, GA 31139</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Comcast</u>		<u>10 / 21 / 09</u>	\$ 1,000.00
Mailing Address <u>1701 John F. Kennedy Blvd.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Philadelphia, PA 19103</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ConocoPhillips Company</u>		<u>10 / 27 / 09</u>	\$ 500.00
Mailing Address <u>450 Laurel Street, #1410</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70801</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Corrections Corporation of America</u>		<u>11 / 06 / 09</u>	\$ 250.00
Mailing Address <u>10 Burton Hills Blvd.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Nashville, TN 37215</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Covington Electric Service, Inc.</u>		<u>10 / 12 / 09</u>	\$ 300.00
Mailing Address <u>P. O. Box 720105</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Byram, MS 39272</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Duckworth Realty, Inc.</u>		<u>11 / 06 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>308 E. Pearl Street, #200</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENPAC Mississippi</u>		<u>10 / 22 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 1640</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Enterprise Holdings, Inc. PAC</u>		<u>10 / 26 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>600 Corporate Park Drive</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>St. Louis, MO 63102</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Exxon Mobil Corporation</u>		<u>11 / 20 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 551</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70821</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>F.M. Hood &amp; Associates</u>		<u>10 / 21 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>742 N. 5<sup>th</sup> Street</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Baton Rouge, LA 70802</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>First Heritage Credit, LLC</u>		<u>10 / 22 / 09</u>	\$ <u>1,000.00</u>
Mailing Address <u>605 Crescent Blvd., #101</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific Financial Management, LLC</u>		<u>10 / 21 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 61270</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Globe Finance Co., Inc.</u>		<u>10 / 05 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>917 W. Capitol St.</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Jackson, MS 39203</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grand Trunk Western Railroad Co.</u>		<u>10 / 30 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>P. O. Box 5025</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Troy, MI 48007</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gulf Islands Credit, Inc.</u>		<u>11 / 17 / 09</u>	\$ <u>300.00</u>
Mailing Address <u>1115 Pass Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Harrah's Operating Co., Inc.</u>		<u>11 / 30 / 09</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 22232</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Tulsa, OK 74121</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hines Investments, Inc</u>		<u>10 / 07 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>4226 Athens Drive</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>



Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Professional Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Huffman &amp; Co., CPA, PA</u>		<u>10 / 12 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 321330</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lakeland Family Clinic, PLLC</u>		<u>10 / 23 / 09</u>	\$ 250.00
Mailing Address <u>1000 Lakeland Square Ext., #800</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LEN PAC</u>		<u>09 / 24 / 09</u>	\$ 1,000.00
Mailing Address <u>3 Lakeland Circle, #201</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>		<u>10 / 22 / 09</u>	\$ 500.00
Mailing Address <u>2630 Ridgewood Road, #C</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39216</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Concrete Industries Association, Inc. PAC</u>		<u>10 / 22 / 09</u>	\$ 250.00
Mailing Address <u>6700 Old Canton Road, #K</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Health Care Association PAC</u>		<u>11 / 17 / 09</u>	\$ 500.00
Mailing Address <u>1076 Highland Colony Parkway, #125</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Independent Rx PAC</u>		<u>09 / 24 / 09</u>	\$ 1,000.00
Mailing Address <u>4209 Lakeland Drive, #399</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Manufacturers Association PAC</u>		<u>10 / 22 / 09</u>	\$ 500.00
Mailing Address <u>720 N. President Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Nurses Association PAC</u>		<u>09 / 25 / 09</u>	\$ 1,000.00
Mailing Address <u>31 Woodgreen Place</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Power Company PAC</u>		<u>09 / 25 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 4079</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Realtors PAC</u>		<u>10 / 23 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 321000</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MTPA PAC</u>		<u>10 / 28 / 09</u>	\$ 500.00
Mailing Address <u>345 Highway 6 West</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Batesville, MS 38606</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nissan North America, Inc.		10 / 21 / 09	\$ 1,000.00
Mailing Address 983 Nissan Drive		___ / ___ / ___	\$
City, State, Zip Code Smyrna, TN 37167		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Northrop Grumman		11 / 06 / 09	\$ 1,000.00
Mailing Address P. O. Box 149		___ / ___ / ___	\$
City, State, Zip Code Pascagoula, MS 39568		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Novartis Pharmaceuticals Corp.		10 / 15 / 09	\$ 500.00
Mailing Address One Health Plaza		___ / ___ / ___	\$
City, State, Zip Code East Hanover, NJ 07936		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name PhRMA		11 / 17 / 09	\$ 1,000.00
Mailing Address 950 F Street, NW		___ / ___ / ___	\$
City, State, Zip Code Washington, DC 20004		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Seshadri Raju, MD, PA</u>		<u>10 / 16 / 09</u>	\$ 500.00
Mailing Address <u>1020 River Oaks Drive</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39223</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Self Employed</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reynolds American</u>		<u>11 / 11 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 2990</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Winston-Salem, NC 27102</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ridgway Realty, Inc.</u>		<u>10 / 22 / 09</u>	\$ 250.00
Mailing Address <u>P. O. Box 231</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Schering Corporation</u>		<u>10 / 20 / 09</u>	\$ 1,000.00
Mailing Address <u>2000 Galloping Hill Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Kenilworth, NJ 07033</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Spectra Energy Corporation</u>		<u>10 / 12 / 09</u>	\$ 1,000.00
Mailing Address <u>5400 Westheimer Court</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Houston, TX 77056</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tellus Operating Group, LLC</u>		<u>10 / 07 / 09</u>	\$ 500.00
Mailing Address <u>602 Crescent Place, #100</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Title Cash</u>		<u>10 / 20 / 09</u>	\$ 500.00
Mailing Address <u>607 Highway 51, #B</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tower Loan</u>		<u>10 / 23 / 09</u>	\$ 1,000.00
Mailing Address <u>P. O. Box 320001</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

**Name of Candidate or Committee** Walter Michel

Reporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> Wal*PAC		10 / 21 / 09	\$ 500.00
<b>Mailing Address</b> 702 SW 8 <sup>th</sup> Street		___ / ___ / ___	\$
<b>City, State, Zip Code</b> Bentonville, AR 72716		___ / ___ / ___	\$
<b>Name of Employer (Required)</b> 		___ / ___ / ___	\$
<b>Occupation (Required)</b> 		<b>Aggregate year-to-date</b>	\$ 500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> James L. Barksdale		10 / 08 / 09	\$ 2,000.00
<b>Mailing Address</b> 800 Woodlands Parkway, #118		___ / ___ / ___	\$
<b>City, State, Zip Code</b> Ridgeland, MS 39157		___ / ___ / ___	\$
<b>Name of Employer (Required)</b> Barksdale Management		___ / ___ / ___	\$
<b>Occupation (Required)</b> Owner		<b>Aggregate year-to-date</b>	\$ 2,000.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> Richard Brown		10 / 21 / 09	\$ 250.00
<b>Mailing Address</b> P. O. Box 1132		___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS 39215		___ / ___ / ___	\$
<b>Name of Employer (Required)</b> MS Malt Beverage Assn.		___ / ___ / ___	\$
<b>Occupation (Required)</b> President		<b>Aggregate year-to-date</b>	\$ 250.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt this period</b>
<b>Full name</b> Burke C. Murphy, Jr.		10 / 22 / 09	\$ 250.00
<b>Mailing Address</b> 14 Montgomery Lane		___ / ___ / ___	\$
<b>City, State, Zip Code</b> Canton, MS 39046		___ / ___ / ___	\$
<b>Name of Employer (Required)</b> Self Employed		___ / ___ / ___	\$
<b>Occupation (Required)</b> Lobbyist		<b>Aggregate year-to-date</b>	\$ 250.00



Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>John Pat Grubbs</u>		<u>10 / 05 / 09</u>	\$ 250.00
Mailing Address <u>917 W. Capitol Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39203</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Globe Finance Co., Inc.</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Dudley J. Hughes</u>		<u>10 / 20 / 09</u>	\$ 550.00
Mailing Address <u>2829 Lakeland Drive, #1670</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Hughes South Corporation</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ 550.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Earle F. Jones</u>		<u>10 / 15 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 320009</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Flowood, MS 39223</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>MMI Hotel Group</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Co-Chairman</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____			
Full name <u>Billy W. Long, MD</u>		<u>10 / 07 / 09</u>	\$ 500.00
Mailing Address <u>110 Coachman's Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>GI Associates</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Physician</u>		Aggregate year-to-date	\$ 500.00



Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hal Miller, III</u>		<u>10 / 07 / 09</u>	\$ 300.00
Mailing Address <u>P. O. Box 1123</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Miller Transporters</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Vice President</u>		Aggregate year-to-date	\$ 300.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Luke Montgomery</u>		<u>09 / 24 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 37</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Fulton, MS 38843</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Montgomery Enterprises</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Lending</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. D. Mounger</u>		<u>10 / 05 / 09</u>	\$ 250.00
Mailing Address <u>200 E. Capitol St., #1601</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Self-employed</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Oil &amp; Gas</u>		Aggregate year-to-date	\$ 250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tom Quaka</u>		<u>10 / 30 / 09</u>	\$ 250.00
Mailing Address <u>5104 Canton Heights Drive</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>MIM Holdings, LLC</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Insurance</u>		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Walter MichelReporting period 1/1/09 through 12/31/09

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry D. Stogner</u>		<u>10 / 12 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 1683</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>McComb, MS 39649</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>East McComb Check Cashing</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Lending</u>		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J. H. Thames, Jr.</u>		<u>12 / 28 / 09</u>	\$ 500.00
Mailing Address <u>P. O. Box 741</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39205</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Self-employed</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Real Estate</u>		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John A. Travis</u>		<u>10 / 21 / 09</u>	\$ 500.00
Mailing Address <u>111 Mockingbird Lane</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Travis Properties, LLC</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>Builder</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert R. Ward</u>		<u>10 / 12 / 09</u>	\$ 500.00
Mailing Address <u>4230 Quail Run Road</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>Horne, LLP</u>		<u>   /   /   </u>	\$
Occupation (Required) <u>CPA</u>		Aggregate year-to-date	\$ 500.00

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A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Henry R. Michel</u>		<u>02 / 10 / 09</u>	\$ 120.00
Mailing Address <u>4421 Audubon Park Drive</u>		<u>05 / 04 / 09</u> <u>06 / 04 / 09</u>	\$ 180.00 \$ 120.00
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>08 / 07 / 09</u> <u>10 / 15 / 09</u>	\$ 120.00 \$ 120.00
Name of Employer (Required) <u>J. Walter Michel Agency, Inc.</u>		<u>12 / 30 / 09</u>	\$ 120.00
Occupation (Required) <u>Real Estate</u>		Aggregate year-to-date	\$ 780.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fidelity Brokerage Services, LLC</u>		<u>   /   /   </u>	\$ 3,214.71
Mailing Address <u>100 Summer Street</u>		<u>   /   /   </u>	\$
City, State, Zip Code <u>Boston, MA 02110</u>		<u>   /   /   </u>	\$
Name of Employer (Required) <u>(Income, Interest, Dividends)</u>		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 3,214.71
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Total non-itemized receipts</u>		<u>   /   /   </u>	\$ 13,244.00
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 13,244.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>   /   /   </u>	\$
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Name of Employer (Required)		<u>   /   /   </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Walter Michel  
 Reporting period 1/1/09 through 12/31/09

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Cellular South	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P. O. Box 519	01 / 14 / 09 – 06 / 14 / 09	\$ 738.95
<b>City, State, Zip Code</b> Meadville, MS 39653-0519	07 / 15 / 09 – 12 / 15 / 09	\$ 737.46
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 1,476.41
<b>B. Full name</b> Clarion Ledger	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P. O. Box 23067	01 / 13 / 09 – 06 / 14 / 09	\$ 125.00
<b>City, State, Zip Code</b> Jackson, MS 39225	07 / 15 / 09 – 12 / 15 / 09	\$ 99.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 224.00
<b>C. Full name</b> Frame Werks	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 4760 I-55 North	02 / 17 / 09 – 05 / 14 / 09	\$ 512.72
<b>City, State, Zip Code</b> Jackson, MS 39211	08 / 17 / 09 – 12 / 03 / 09	\$ 249.82
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 762.54
<b>D. Full name</b> Gulf Pines	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P. O. Box 922	01 / 02 / 09 – 02 / 03 / 09	\$ 200.00
<b>City, State, Zip Code</b> Bay Springs, MS 39422	03 / 03 / 09 – 11 / 10 / 09	\$ 184.24
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 384.24
<b>E. Full name</b> Harkins the Florist	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> P. O. Box 13972	10 / 12 / 09	\$ 98.34
<b>City, State, Zip Code</b> Jackson, MS 39236	11 / 10 / 09	\$ 114.39
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 212.73
<b>F. Full name</b> Olivia's Food Emporium	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 820 Highway 51 N	10 / 28 / 09	\$ 387.88
<b>City, State, Zip Code</b> Madison, MS 39110	__ / __ / __	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ 387.88

Name of Candidate or Committee Walter Michel  
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## ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Rotary Club Charities			
Mailing Address		<u>04 / 10 / 09</u>	\$ 200.00
P. O. Box 3807			
City, State, Zip Code		<u>12 / 18 / 09</u>	\$ 100.00
Jackson, MS 39201			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 300.00
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Rotary Club of Jackson			
Mailing Address		<u>01 / 13 / 09</u>	\$ 150.00
P. O. Box 3807		<u>06 / 22 / 09</u>	120.00
City, State, Zip Code		<u>07 / 10 / 09</u>	\$ 160.00
Jackson, MS 39207		<u>12 / 18 / 09</u>	150.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 580.00
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
U. S. Post Office			
Mailing Address		<u>09 / 10 / 09</u>	\$ 88.00
401 E. South Street		<u>09 / 24 / 09</u>	440.00
City, State, Zip Code		<u>12 / 21 / 09</u>	\$ 44.00
Jackson, MS 39201			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 572.00
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Walter Michel			
Mailing Address		<u>05 / 11 / 09 -</u>	\$ 356.28
3670 Lakeland Lane		<u>08 / 25 / 09</u>	
City, State, Zip Code		<u>10 / 12 / 09 -</u>	\$ 586.99
Jackson, MS 39216		<u>10 / 23 / 09</u>	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 943.27
ALEC, MCFA, FSCM, MML conferences			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
2630 Ridgewood Road, LLC			
Mailing Address		<u>01 / 13 / 09 -</u>	\$ 250.00
3670 Lakeland Lane		<u>02 / 09 / 09</u>	
City, State, Zip Code		<u>03 / 09 / 09</u>	\$ 125.00
Jackson, MS 39216			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 375.00
Office Rental			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Total non-itemized disbursements			
Mailing Address		<u>  /  /  </u>	\$ 2,671.73
City, State, Zip Code		<u>  /  /  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 2,671.73